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## BIB DATA SHEET

CONFIRMATION NO. 4934

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/591,966	09/07/2006 RULE	602	3772	12ZH-127124

**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a 371 of PCT/US05/08010 03/10/2005  
 OK M.B.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 NEW ZEALAND NZ531705 03/10/2004

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 05/11/2007

Foreign Priority claimed 35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b>	<b>SHEETS DRAWINGS</b>	<b>TOTAL CLAIMS</b>	<b>INDEPENDENT CLAIMS</b>
Verified and Acknowledged	/MICHAEL A BROWN/ Examiner's Signature	Initials	NEW ZEALAND	8	15 <del>42</del>	1 <del>3</del>

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**TITLE**  
 Orthotic Device and Segemented Liner

<b>FILING FEE RECEIVED</b> 2000	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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